



## Original communication

## When nightclub security agents assault clients more insight through a qualitative approach



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## ARTICLE INFO

## Article history:

Received 6 February 2014

Received in revised form

4 June 2014

Accepted 6 June 2014

Available online 14 June 2014

## Keywords:

Nightclubs

Security agents

Victims

Violence

Consequences

Qualitative approach

## ABSTRACT

Between 2007 and 2009, aggressions by security agents of nightclubs on clients increased from 6% to 10% among community violence situations encountered at the Violence Medical Unit (VMU) at the Lausanne University Hospital in Switzerland. Most victims were young men who had been drinking alcohol before the assault. About one quarter (25.7%) presented with one or several fractures, all of them in the head area. (For more details, refer to the previous article “When nightclub security agents assault clients” published in 2012<sup>1</sup>.) Following this first study, we performed a second qualitative study in order to bring more information about the context and highlight victims’ behaviors and experiences. Four themes emerged: how the assault began; the assault itself; third-party involvement; and the psychological state of victims when they consulted the VMU. The findings of this second study complemented the statistical results of the first study by showing under what circumstances security agents of nightclubs respond with physical violence to situations they consider a threat to security. Furthermore, the study described consequences for the victims that could be quite serious. Our findings support the need for nightclubs to improve selection and training of security staff.

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## 1. Introduction

In 2012, we published a quantitative study on a clinical sample of patients who had been victims of physical assaults by nightclub security agents.<sup>1</sup> They were received at the Violence Medical Unit (VMU), the medico-legal consultation of the Lausanne University Hospital Center (CHUV), between 2007 and 2009. This initial study was motivated by the significant and increasing proportion of this type of assaults in the community violence<sup>a</sup> category (from 6% in 2007 to 10% in 2009). The main results showed that in a sample of 70 subjects most of the victims were young men (median age 26; 93% male) who had been drinking alcohol before the assault (at least 74%). The victims presented with significantly more fractures than other community violence victims (25.7% vs. 14.45%) and all of the fractures were located in the head. Seventy seven percent of the assaults occurred on weekends and 29% around the nightclubs’ closing time (between 4:00 and 5:00 a.m.).

We had concluded in the initial study that these findings raised questions about the ability of nightclub security agents to deal adequately with obviously risky situations and to ensure client security. Results were presented to the Observatory for Safety of the City of Lausanne and to managers of the largest nightclubs in Lausanne. Participants in this meeting were interested in having more information about the context of the violent events. In response to this request, we decided to perform a complementary qualitative study.

## 2. Population and methods

The population of the present study was identical to the one in the initial quantitative study; it consisted of 70 patients who consulted the VMU between 01.01.2007 and 31.12.2009 following an assault by a nightclub security agent. Nurses at the VMU provide consultations to victims of violence with oversight by VMU forensic pathologists. A typical consultation sequence starts with attentive listening by the nurse to the patient. This is followed by a clinical examination, including photographs of wounds. The consultation concludes with an evaluation of the victim’s needs which includes advice on where to find additional help and support. An assault and battery report is produced, that can be used to file a complaint.

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<sup>a</sup> WHO distinguishes three types of interpersonal violence: family violence, intimate partner violence and community violence.

The main objective of the study was to investigate in depth the victims' experience of the assault and its consequences. Therefore, qualitative material was gathered by transcribing relevant sections from VMU medical files and from VMU forensic assault and battery reports. The members of the research team<sup>5,6</sup> then performed a thematic content analysis on this material. Significant elements emerged from the patients' "stories" of the violent event as a result of this analysis. Four main themes were identified:

1. The beginning of the assault
2. The assault itself (the sequence of events)
3. Third-party involvement (during the assault)
4. The psychological state of victims (at the time of their consultation at the VMU)

### 3. Results

#### 3.1. Theme 1: the beginning of the assault

##### 3.1.1. Location of the assault

The assaults occurred in 51.4% of situations on the property of the nightclub. Most of these assaults happened inside the nightclub (e.g. cloakroom, bar) but some were perpetrated on a terrace or in a courtyard. The victims had sometimes been forcefully taken away from common areas: a corridor, a storage room, an office, an elevator, a kitchen. In a few occurrences, the locations were not specified. In 7 cases, the assaults took place "out of sight". About one in ten (11.4%) aggressions started inside the nightclub and ended outside. In 37% of situations, the violent event took place in front of the nightclub, including the entrance or exit. Finally, 11.4% of aggressions took place exclusively outside the nightclub, including "in an unlit street" or "in the vicinity of the nightclub".

##### 3.1.2. Events that triggered the assault

We wanted to know what events seemed to trigger the reported assaults. Five categories emerged. The first and most common trigger element of the aggression was a **verbal altercation or a fight** (40%). In some cases, it was initiated by the victim: "Mr. O. had an altercation with a man. They insulted each other before the man head-butted Mr. O's face. Mr. O's cousin intervened and was hit as well. The security agents of the establishment intervened and one of them grabbed Mr. O's cousin by the throat. Then, Mr. Occupational and his cousin were grabbed and pushed towards the exit". In other cases, the victim was not directly involved in the argument: "Mrs. M., her husband, her sister and a cousin were on their way home when they were caught in the middle of a fight in front of a nightclub. Suddenly, one of the security agents of the establishment came up to Mrs. M., grabbed her shoulders, lifted her up and dropped her on the ground. There, the security agent kicked her several times in the legs";

The second category included what we called **an incident** (15.7%). Some of the victims reported "classical" incidents, such as accidentally pushing somebody or breaking a glass: "As he was sitting with a friend, Mr. D. accidentally broke a glass. An employee came up to him, took him by the arm and asked him to take his belongings and follow him. Mr. D. asked why but got no answer. (...). Then, two others employees intervened and one of them pushed Mr. D. down the stairs. Then, two of the employees put the hands of Mr. D. behind his back and beat him up all over his body". Trigger incidents also consisted of a remark that irritated the security agent: "Mr. F. was standing with friends at the bar. A security agent told them to calm down. Mr. F. replied that they were here to party and were not looking for a fight. The agent left but came back a few minutes later and grabbed Mr. F. from behind with an arm around his neck. He pulled tightly. Mr. F. was afraid of not being able to breathe. The

security agent then continued dragging him towards the entrance. Mr. F. was lying on his back; the security agent put a knee on his belly and punched him". Some trigger incidents were also clients not respecting the smoking ban.

The third category of trigger events comprised **being denied entry to the nightclub or being expelled** from the premises. These situations amounted respectively to 14.3% and 7.1% of all trigger events.

The fourth category of trigger events was defined as **accusations against the victim** (7.1%). Victims were accused of: having been in the ladies room (if they were male); "having said things" about a security agent; wanting to steal a jacket (the victim said he was searching for his jacket in a pile of jackets); attempting to enter without paying (the victim said that the cash register had changed places); or quarreling with his friend (the victim said they were playfully fighting over his jacket).

The fifth category was the **absence of a trigger element**. It was observed in 11.4% of situations. For example: "While Mr. R. danced, a man who proved to be the boss of the club grabbed him by the arm and took him outside. Mr. R. did not understand why. There, a security agent with a baton came to Mr. R. and tried to hit him. A second security agent then kicked Mr. R.'s left tibia and made him fall to the ground. Then, the first agent hit Mr. R. with his baton on the head, the arms and the legs".

#### 3.2. Theme 2: the assault itself

##### 3.2.1. Insults and threats

Insults were uttered in 10 out of 70 situations, and in 8 of these situations by the security agent (three times they were of a racist nature). Similarly, threats were made in 10 out of 70 situations and in 9 of these situations by the security agent. Four situations involved both insults and threats. Victims were threatened with further violence or reprisals and in two of these situations, security agents made death threats. Moreover, it appeared that all threats occurred after the assault.

##### 3.2.2. Instruments of physical violence

All victims of assaults by nightclub security agents reported physical violence and 66 out of 70 claimed to have been punched, kicked and/or head-butted. Twenty four victims reported having been beaten once they were on the ground.

##### 3.2.3. Neck injuries

The quantitative study showed that the proportion of neck injuries was significantly higher for victims of assaults by security agents than for victims of other types of community violence (32.86% vs 19.70%,  $p = 0.009$ ). Thus, 17 victims reported neck injuries inflicted as a result of seizing and/or strongly squeezing/pressing the neck, or by lifting the person by the neck. Eight of the victims mentioned difficulties breathing and/or were overcome by a sense of impending death.

##### 3.2.4. Response of the victim after the assault

The most common response of the victims after the assault was to retaliate (physically 14 times or verbally 6 times), or to resist passively or protect themselves "by becoming a deadweight". Twelve out of seventy victims were not able to respond because they lost consciousness, experienced circumstantial amnesia, « a black hole », fuzzy memories, or "a flash". One of the victims spoke of himself after being beaten "as if I were dead". Some of the victims' response to the aggression by the security agents was to protest that they did not understand the violence.

### 3.3. Theme 3: third-party involvement in the assault

Ninety percent of victims going to the nightclub were accompanied by friends, husband/wife or/and members of their family. In 46% (32/70) of the situations, one or several bystanders intervened when the victim was assaulted by the security agent. In 18 of these situations, the third-party involvement was clearly in favor of the victim and in 11 of these situations the third-party involvement was clearly to the detriment of the victim. In three situations, the nature of the third-party involvement was unclear.

#### 3.3.1. Interventions in favor of the victim

Interventions in favor of the victims were carried out either by people familiar to the victim, (or example a friend, the brother, a colleague, or a familiar security agent) or by people unknown to the victim (for example passers-by, witnesses or “people”). In 7 cases, staff members of the nightclub intervened (one/several other security agents, the security officer, the cashier, or the director of the nightclub). The nature of the intervention typically consisted of separating the parties, calming them down, or verbally stopping the aggression. Often someone called the police or removed the victim from the scene by taking them to the hospital Emergency Department. Two other less usual interventions were: when a security agent offered a handkerchief and made excuses and when a stranger accompanied the victim home.

#### 3.3.2. Intervention to the detriment of the victim

Interventions to the detriment of the victim (11/32) were made by people unknown to the victim. These included other security agents, other staff of the nightclub, and other persons. In 9 out of 11 cases, the intervening third-party participated in the assault by hitting or else holding the victim while he was struck by someone else. In two situations, other security agents witnessed the assault “but did nothing”.

#### 3.3.3. Police intervention

There are few details concerning police interventions. We mentioned in our initial study that the police intervened in 61% of situations, the ambulance in 16% of situations and that a joint intervention of the police and ambulance happened in 13% of situations. The police were called mostly by people familiar to the victim, by witnesses or, in one case by security agent.

### 3.4. Theme 4: psychological state of victims (at the time of their consultation at the VMU)

Sixteen percent of victims (11/70) did not mention any psychological symptom at the time of their consultation. Twenty three percent of patients (16/70) reported sleeping disorders. Nineteen percent reported feeling anger or hatred because of their victimization. Three victims expressed humiliation or shame. Sixteen percent (11/70) reported fear of going out alone, or fear of retaliation against themselves or their family. Ten percent (7/70) reported incomprehension about being assaulted. An additional 10% reported anxiety concerning their job, such as having to take sick leave or having visible marks on their face. Stress or sadness were also expressed. Importantly, fear of dying was mentioned only in relation to violence to the neck.

## 4. Discussion

This qualitative study is intended to provide insight into the context of the violent events from the perspective of the victims. Therefore we performed a qualitative research project in order to highlight behaviors and experiences (emotions, actions) of patients

related to the aggression against them. Four themes were identified: 1) the beginning of the assault, 2) the assault itself, 3) third-party involvement, and 4) the psychological state of victims.

Theme 1 reveals the following about the beginning of the assaults. Some victims were taken “out of sight” inside the establishment or to “an unlit street” deserves attention. This raises questions about a premeditated plan of aggressive behavior by security agents. Moreover, about one third of assaults took place in front of the establishment. It is noteworthy that effective June 1, 2013 the City of Lausanne has introduced new regulations for nightclubs “in order to pacify and secure its nightlife”. As part of the regulations nightclubs have to guarantee the security in a defined perimeter around the establishment. This makes the perimeter part of the “control zone” and a responsibility of the security agents.

The quantitative study showed that security agents have to deal with risky situations such as managing young men under the influence of alcohol late at night. The qualitative study supports this observation by showing that verbal altercations or fights seem to be important trigger events for assaults. However, it is important to note in context to the study that a physical assault of a security agent initiated by the victim was never mentioned as a trigger event. The fact that the victim was not necessarily involved in the altercation or fight shows the difficulty for security agents to manage people in confined, often crowded environments that are often dimly lit and noisy. Decisions to deny entry to or expel clients from nightclubs often may be seen by those concerned as arbitrary decisions – especially after they have paid the entrance fee. As a result, they will often protest and challenge the authority of the security guards. This was cited as one of the triggers for an aggressive response by nightclub security according to our results. The absence of a trigger element from the point of view of the victims resulted in a sense of injustice or incomprehension concerning the aggression.

Theme 2 (details of the assault) reveals that 24 out of 70 victims of assaults by security agents reported being beaten once they were on the ground. The first quantitative study provided evidence of a significant rate of neck injuries among the victims. Qualitative analyses in the second study revealed that 8 of these victims mentioned having difficulties breathing during the assault, sometimes of sufficient intensity that they feared imminent death. Moreover, 7 out of 70 victims reported having slipped into unconsciousness while they were being assaulted. All of these facts demonstrate the dangerous dimensions of these aggressive situations and how they can become life-threatening. Fourteen victims related that they had retaliated physically which might indicate an escalation of violence and that the security agents were a part of it. Our data lead us to conclude there is unprofessional behavior on the part of the security agents.

Theme 3 (third-party involvement) reveals that interventions in favor of the victim were mostly made by people familiar to the victim. However, it is noteworthy that in 7 cases staff members of the nightclub intervened and this could suggest that they perceived the behavior of their colleagues as inappropriate. Interventions to the detriment of the victim resulted mostly from staff members of the nightclub participating in the assault by hitting or holding the victim while he or she was struck. This behavior cannot be considered as safe. In cases where nightclub security agents are unable to control the situation, they are obligated to call the Police.<sup>b</sup>

The results of the quantitative study showed that victims of security agents presented at the VMU with a significantly higher

<sup>b</sup> According to the security and prevention concept on which the Public Security Management of the City of Lausanne and the pool of Lausanne night-time establishments have agreed in 2003.

proportion of fractures than victims of other types of community violence and that all of the fractures were located in the head area. The qualitative study provided additional information about the psychological state of victims at the time of their consultation. Most victims (61/70) reported symptoms of psychological distress. The most frequently cited distresses were sleeping disorders, followed by feelings of anger and hatred. The latter seemed related to victims perceiving themselves as objects of abuse of power or of arbitrary behavior. In a recent study on another type of community violence – physical workplace aggression – we showed that the initial psychological state during a VMU consultation could be predictive of serious long-term health consequences.<sup>2</sup> There is no reason to conclude contrary in this study. Therefore, symptoms of psychological distress should not be neglected for victims of any type of assault and psychological support should be recommended accordingly.

## 5. Conclusion

To date, little research had focused on victims of violence by security agents in nightclubs.<sup>3,4</sup> The results of the initial quantitative study on assaults by nightclub security agents raised questions about their ability to deal adequately with obviously risky situations and to ensure client security. The subsequent qualitative study provided new information about the context of the aggression. Moreover, the qualitative results highlighted victim behaviors and experiences related to the assault.<sup>5,6</sup> These results strengthen the findings of the first study: security agents in nightclubs respond with physical violence to situations they consider a threat to security, and this carries possible serious health consequence for the victims. Our findings support the need for nightclubs to hire well trained and experienced professionals.<sup>7</sup> Effective June 1, 2013, the City of Lausanne has introduced new regulations for nightclubs. Under the new regulations, nightclubs are allowed to request an extension of their opening hours until 5 a.m., under the condition that they comply with a security concept. This concept includes the obligation for a minimum number of security agents to be present at all times and defines what training these security agents must receive. On January 1, 2014, all nightclubs had to implement those measures. In context to the regulations, it needs to be underscored that from the opening of the VMU in 2006 through the end of 2013 patients very rarely reported assaults by security agents employed and supervised by security companies (as opposed to individuals hired directly by the nightclub).

In this study with a qualitative approach, our objective was to analyze the viewpoint of victims. Therefore, our results rely solely

on their statements. Nevertheless, our analyses showed that their testimonies converge and that the lesions observed tend to corroborate their versions of the events.

Finally, it should be underlined that while qualitative approaches are common in research into interpersonal violence and qualitative studies are emerging in clinical medical research, qualitative methods still are rarely selected in the field of legal medicine and. This study demonstrates that a qualitative approach can be relevant to and enrich quantitative results.

### Ethical approval

None.

### Funding

The Direction of Public Safety and Sports in the City of Lausanne has financially supported this project.

### Conflict of interest

All authors assess that there is no conflict of interest with other people or organizations that could inappropriately influence their work.

### Acknowledgments

We would like to thank Dr A.-S. Feiner and the staff of the VMU consultation. Our gratitude extends to all the patients of the VMU consultation. We also thank Mr. G. Leistner for his editorial assistance.

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